



**MONROE COUNTY
CONSTRUCTION TRADES APPLICATION**

**ATTACH RECENT
2 X 2 INCHES
COLOR
PHOTOGRAPH
HERE**

THIS APPLICATION COVERS BUILDING, ENGINEERING, PLUMBING, ELECTRICAL, AND MECHANICAL FIELDS. ADDITIONALLY, IT COVERS MASTERS, JOURNEYMAN, APPRENTICE, AND SPECIALTY TRADES FOR A MONROE COUNTY CERTIFICATE OF COMPETENCY LICENSE.

PLEASE TYPE OR PRINT IN DARK INK.

LEGAL NAME: _____
HOME ADDRESS: _____ CITY, STATE, ZIP _____
PLACE OF BIRTH _____ DATE OF BIRTH _____ PHONE _____
BUSINESS NAME TO BE QUALIFIED _____
BUSINESS ADDRESS _____
CITY, STATE, ZIP _____ PHONE _____ FAX _____
EMAIL ADDRESS _____ DRIVER'S LICENSE NUMBER _____
LIST DOCUMENT NUMBER OR REGISTRATION NUMBER ON FILE WITH THE FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS _____ (<http://sunbiz.org/>)

I HEREBY MAKE APPLICATION TO QUALIFY UNDER THE PROVISIONS OF MONROE COUNTY CODE FOR THE
LICENSE CATEGORY OF: _____

1. NUMBER OF YEARS WORKING IN THE TRADE APPLIED FOR: _____
2. NUMBER OF YEARS EXPERIENCE AS AN APPRENTICE: _____ AS A JOURNEYMAN: _____
3. HAVE YOU PREVIOUSLY FILED AN APPLICATION IN MONROE COUNTY FOR THIS LICENSE OR ANY OTHER CATEGORY: YES _____ NO _____ IF "YES" WHEN DID YOU APPLY _____
4. ARE YOU RECIPROCATING FROM ANOTHER COUNTY/CITY? YES _____ NO _____
IF YES, WHERE FROM? _____
5. ARE YOU USING A STATE CERTIFIED CONTRACTOR LICENSE TO QUALIFY THIS COMPANY: YES _____ NO _____
IF YES, LIST YOUR LICENSE NUMBER: _____

TRADE EXPERIENCE

IF APPLICATION IS FOR RECIPROCITY, YOU DO NOT NEED TO COMPLETE THE TRADE, EDUCATION, AND WORK EXPERIENCE AFFIDAVIT CATEGORIES, **UNLESS** YOU DO NOT MEET MONROE COUNTY LICENSE REQUIREMENTS AS DEFINED IN CHAPTER 6 OF THE MONROE COUNTY CODE.

PLEASE BE ADVISED THAT THE BOARD CAN REFUSE TO ACCEPT ANY STATEMENT THAT (1) IS NOT CLEARLY AN ORIGINAL DOCUMENT, (2) WHERE THE FACE OF THE DOCUMENT PROVIDES EVIDENCE THAT THE STATEMENT HAS BEEN CHANGED FROM ITS ORIGINAL FORM, OR (3) REQUIREMENTS ARE NOT MET.

LIST BELOW YOUR TRADE EXPERIENCE SPECIFICALLY RELATED TO THE CATEGORY FOR WHICH YOU ARE APPLYING. BE ACCURATE AND DETAILED SO MONROE COUNTY CONTRACTORS' EXAMINING BOARD CAN PROPERLY ASSESS YOUR EXPERIENCE IN THE CLASSIFICATION FOR WHICH YOU ARE APPLYING FOR A CERTIFICATE OF COMPETENCY, AND LIST BELOW YOUR TRADE EXPERIENCE SPECIFICALLY RELATED TO THE CATEGORY FOR WHICH YOU ARE APPLYING, BEGINNING WITH MOST RECENT ONE. INFORMATION MUST BE VERIFIABLE AND MUST INCLUDE DATE-OF-HIRE (MONTH/YEAR), EMPLOYER, ADDRESS, TELEPHONE NUMBER, AND DUTIES & RESPONSIBILITIES. THIS INFORMATION MUST CORRESPOND WITH THE WORK EXPERIENCE VERIFICATION AFFIDAVIT.

Contractor ID #:	COC License Number:	Issued:	Staff:
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Construction Trades Application – Education – continued

1. COMPANY NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
BRIEF JOB DESCRIPTION: _____
EMPLOYED FROM _____ TO _____
(Month/year) (Month/year)

2. COMPANY NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
BRIEF JOB DESCRIPTION: _____
EMPLOYED FROM _____ TO _____
(Month/year) (Month/year)

3. COMPANY NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
BRIEF JOB DESCRIPTION: _____
EMPLOYED FROM _____ TO _____
(Month/year) (Month/year)

____ Check here if additional pages attached

EDUCATION

LIST YOUR DETAILED AND ACCURATE EDUCATION RECORD BELOW. THIS INFORMATION MAY BE PARTIALLY USED AS A PREREQUISITE TO QUALIFYING FOR EXAMINATION AND/OR CERTIFICATION.

HIGH SCHOOL _____ CITY _____ STATE _____ YEARS _____

COLLEGE _____ CITY _____ STATE _____ YEARS _____

DEGREE TITLE _____ YEAR(S) OBTAINED _____

TRADE SCHOOL _____ CITY _____ STATE _____ YEARS _____

TRADE SCHOOL COURSES TAKEN: _____

OTHER SCHOOLING (SERVICE OR OTHER): _____

RESUME OF APPLICANT'S EXPERIENCE

COMPLETE THIS RESUME OR ATTACH A RESUME TO YOUR APPLICATION FOR A CERTIFICATE OF COMPETENCY. THIS INFORMATION IS REQUIRED TO PROPERLY ASSESS YOUR EXPERIENCE IN TERMS OF AUTHORIZED SCOPE OF WORK CATEGORIES LISTED IN CHAPTER 6 OF THE MONROE COUNTY CODE. IN THE SPACE BELOW, LIST EACH EMPLOYER AND A DETAILED DESCRIPTION OF THE EXACT WORK YOU DO OR DID WITH EACH EMPLOYER. DO NOT MERELY EXPLAIN HOW MANY PEOPLE YOU SUPERVISED. NAME THE PROJECTS YOU WORKED ON AND LIST YOUR EXACT RESPONSIBILITIES AND DUTIES, THEN EXPLAIN THE TYPE OF WORK PERFORMED BY YOU. IF ADDITIONAL SPACE IS NEEDED, USE ANOTHER RESUME FORM OR LEGAL SIZE SHEET OF PAPER AND INDICATE "CONTINUED" AT THE BOTTOM OF YOUR COMMENTS ON THIS PAGE.

____ Check here if additional pages attached

Construction Trades Application – Education – continued

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE SCOPE OF WORK ALLOWED WITH THIS LICENSE. I FURTHER CERTIFY THAT THE ABOVE DESCRIBED WORK AND EXPERIENCE RECORD REPRESENTS TO THE BEST OF MY KNOWLEDGE ALL INFORMATION RELATIVE TO THE SCOPE OF WORK AND CATEGORY FOR WHICH I AM APPLYING. I WILL FURTHER NOTIFY THE COUNTY OF ANY CHANGE IN WRITING OF ANY AND ALL CHANGES OF MAILING ADDRESS. AND BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ M.C.C. 6-234 REQUIRED (ADVERTISEMENT) AND AGREE TO ABIDE BY THE REQUIREMENTS OF THIS SECTION.

I SWEAR AND AFFIRM THAT THE ALL OF THE ABOVE IS CORRECT, TRUE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

STATE OF _____
COUNTY OF _____

SWORN TO & SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20____, HE / SHE IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID (DID NOT) TAKE AN OATH.

NOTARY'S SIGNATURE

SEAL

DO NOT WRITE BELOW THIS LINE; FOR DEPARTMENT USE ONLY:

Date App Received _____ Staff _____ Exam Fee Collected \$ _____ Date Paid _____
Receipt # _____ Staff _____

Written Exam Required: ____ Yes ____ No If No, reason: _____

1) Exam Type: _____ Date: _____ Location: _____
Catalog Exam Code: _____ Testing Agency: _____

Grade _____ ____ Passed ____ Failed Date Notified: _____ Via e-mail / mail

2) Exam Type: _____ Date: _____ Location: _____
Catalog Exam Code: _____ Testing Agency: _____

Grade _____ ____ Passed ____ Failed Date Notified: _____ Via e-mail / mail

FOR CONTRACTORS' EXAMINING BOARD USE ONLY:

____ Approved ____ Denied Reason denied: _____

By _____ DATE _____
CEB MEMBER

This Section is to be used if application was previously denied. .

____ Approved ____ Denied Reason denied a second time: _____

By _____ DATE _____
CEB MEMBER

FOR DEPARTMENT USE ONLY:

Outstanding citations? Yes ____ No ____ If yes, do not issue certificate of competency; must first be paid.

Contractor Id Number: _____ License Number: _____ Issued On _____ Staff _____

License Fee Paid: \$ _____ Date Pd _____ Receipt Number: _____ Staff _____ Mailed: _____